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ABSTRACT

The report examines the development of education services for exceptional children in Duval County Public Schools (Jacksonville, Florida) from 1976-1986. Changes are noted in the context of such general trends as declining then increasing enrollments, the back-to-basic movement, and the stress on competency testing. The impact of the passage of P.L. 94-142 (The Education for All Handicapped Children Act) on the district is assessed and program development noted for students with mild mental retardation; moderate mental retardation; physical handicaps; speech, language, and hearing impairments; visual impairments; emotional handicaps; specific learning disabilities; profound handicaps; deaf-blindness; and severe emotional disturbances. Additionally, changes are considered in services to preschoolers and students who are homebound or hospitalized. Major changes implemented to resolve difficulties and bias in the identification process are cited, including improved timelines and establishment of a statewide network for child find and learning resources. Following a summary of trends in administration, discipline, and attitudes, the report notes areas for improvement, including the need for consistency in eligibility criteria. (CL)

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EDUCATION FOR EXCEPTIONAL STUDENTS

CASE STUDY: A Large District

1972 - 1982

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DUVAL COUNTY PUBLIC SCHOOLS

JACKSONVILLE, FLORIDA

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DISCRIPTION OF THE COMMUNITY

Jacksonville is a city of nearly 600,000 in northeastern Florida. The city is the largest in area in the country, sharing boundaries with the County of Duval. As a municipal government, the City Charter is unique within Florida, providing for consolidated city government including shared governmental services. As a result, the county school district shares legal, purchasing, computer services with other city agencies.

Duval is the seventeenth largest school district in the country and fourth largest of Florida's 67 county school districts with just over 100,000 students. Although Jacksonville has not had the rapid growth of much of other areas of Florida with tourist economies, business and military development are creating growth patterns which produce overcrowding of schools in many parts of the county. The county represents a combination of urban, suburban, and rural populations. The county population is approximately 24 percent minority with the school population at approximately 35 percent minority. The minority population is primarily black.

ESE PROGRAM DEVELOPMENT

For 60 years, the Duval County Public Schools have provided special education programs. In 1926, the first recorded public school class in the state of Florida began in Jacksonville, serving the mildly mentally retarded. By the 1958-59 school year, 3,167 special service units were being provided by 63 special education teachers. Program development in the school district began as follows:

1926 - Educable Mentally Handicapped
1950-51 - Physically Handicapped
Speech and Hearing Therapy
Visual Handicapped
1958-59 - Deaf
1959-60 - Gifted
1963-64 - Socially Maladjusted
Emotionally Handicapped
1966-67 - Trainable Mentally Handicapped
Homebound and Hospitalized
1967-68 - Specific Learning Disabled
1976-77 - Profoundly Mentally Handicapped
1978-79 - Socially Maladjusted removed from Exceptional Student Education to "Alternative Education" by state policy
1982-83 - Pregnant students removed from the definition of physically handicapped by state policy

The exceptional student education program now provides 18,355 units of service (duplicated count) for 15,860

students (unduplicated count). Ten years earlier (1976-77) there were approximately 8,000 fewer service units.* Yet there was a total K-12 membership of 10,000 more students. (See Table 1.)

There was clearly a commitment within the community to serve the educational needs of handicapped children. Providing appropriate educational and related services for all handicapped children has become a priority during the past decade. Efforts toward that goal began in Florida prior to the passage of P.L. 94-142. This paper addresses the changes which have taken place during the past ten years, current problems affecting the state of practice and problems which can be anticipated to affect future practice.

CHANGES DURING THE PAST TEN YEARS

Any changes in special education programs over the past decade must be placed in context with all of education. Declining then increasing enrollments, back to basics, competency testing, discipline problems, the excellence imperative, free and appropriate education for handicapped children have all affected the entire educational community. Like other large urban school districts across the nation, education in Duval County faced serious problems coming out of the 1960's. The county's high schools were disaccredited, teachers went on strike, and court-ordered desegregation focused attention on concerns not directly related to educational achievment. Student test scores were well below the national median, yet social promotion allowed many students to move to the next grade level without mastery of necessary skills. Efforts to increase services for exceptional children were not a priority in an environment of limited resources and other serious educational and social problems.

In 1976, Duval County Public Schools began a campaign to reform the entire educational system. Although the high schools had already been reaccredited with the Southern Association of Colleges and Schools, much remained to regain public confidence and provide quality educational programs for all students. A new superintendent began the implementation of a new design with plans to get all schools accredited, elementary and special centers as well as secondary schools. Increased emphasis on basic educational skills, elimination of social promotion, implementation of a systematic pupil progression plan and strict code of student conduct were intended to raise the standards of expectancy systemwide. Believing that family support is a key to

*Unduplicated count figures are not available.

TABLE 1

DUVAL COUNTY PUBLIC SCHOOLS
EXCEPTIONAL STUDENT EDUCATION PROGRAMS
1976-77 - 1985-86

Student Membership	1976-77	1977-78	1978-79	1979-80	1980-81	1981-82	1982-83	1983-84	1984-85	1985-86
Educable Mentally Handicapped	1717	1821	1664	1638	1512	1355	1237	1196	1167	1178
Trainable Mentally Handicapped	469	391	385	363	368	3 76	350	349	369	365
Physically Handicapped	192	238	197	215	218	228	154	155	163	181
Physical/Occupational Therapy	163	229	224	280	242	506	336	346	382	412
Speech, Language, Hearing (Part-time)	3155	4012	3464	3640	4126	4854	5153	5521	5879	6353
Speech, Language, Hearing* (Full-time)	133	159	97	136	138	161	138	134	157	147
Visually Handicapped (Part-time)	102	91	84	86	80	102	107	98	77	98
Visually Handicapped	28	28	13	24	20	9	20	21	27	27
Emotionally Handicapped (Part-time)	449	851	948	1427	1983	2645	2440	1927	1748	1676
Emotionally Handicapped (Full-time)	510	485	546	486	569	694	652	607	846	955

*Definition included only Deaf between 1976-77 and 1983-84. Beginning in 1984-85, the classification expanded to include the severely language impaired.

TABLE 1
(continued)
DUVAL COUNTY PUBLIC SCHOOLS
EXCEPTIONAL STUDENT EDUCATION PROGRAMS
1976-77 - 1985-86

Student Membership	1976-77	1977-78	1978-79	1979-80	1980-81	1981-82	1982-83	1983-84	1984-85	1985-86
Socially Maladjusted	395	237	-	-	-	-	-	-	-	-
Specific Learning Disability (Part-time)	1608	2016	2070	2215	2382	2750	2754	2473	2381	2558
Specific Learning Disability (Full-time)	434	592	599	534	535	731	783	776	1176	1371
Gifted (Part-time)	986	1181	1164	1600	2031	2475	2570	2749	2772	2595
Hospital/Homebound	141	160	117	156	114	119	143	163	186	170
Severely/Profoundly Handicapped	92	199	200	147	134	179	175	201	260	269
TOTAL ESE Student Membership (Duplicated)	10,574	12,690	11,772	12,937	14,452	17,184	17,012	16,716	17,590	18,355
TOTAL Student Membership (K-12)	110,670	108,834	105,420	102,560	100,965	99,022	98,602	97,879	98,903	100,732

academic success, parents were actively encouraged to get involved in their child's education. An annual Open House brings over 100,000 parents and community members to school each fall. An active countywide PTA has representation in every school in the district, representing parental concerns of all children including the handicapped and gifted.

The reforms activated by the superintendent provided both opportunities and difficulties in developing a quality special education program given the state and federal mandates occurring at the same time. In this district, the challenge was met with optimism and the clear expectation from the superintendent and the school board that exceptional student programs would be improved right along with the basic programs.

EDUCATION FOR ALL EXCEPTIONAL CHILDREN

This school district, along with the rest of Florida, was on the way to providing educational services for all handicapped children when P.L. 94-142 was passed. Multidistrict programs served students in low incidence programs from surrounding smaller school districts. Multiagency agreements between the Public Schools and the Department of Health and Rehabilitative Services provided for joint agency involvement in residential treatment of severely emotionally disturbed students and vocational counseling and placement of certain handicapped children including primarily the mildly mentally handicapped. The Division of Blind Services with the school district provided early identification of visually impaired children, services to parents, and vocational preparation. Children identified as visually impaired were provided services at home beginning at birth for the first time in 1972. Hearing impaired children received similar home instruction beginning at birth for the first time in 1975.

Structured curricula were developed by the district for trainable mentally handicapped and gifted students and adopted from another Florida district (Hillsborough) for the educable mentally handicapped. Procedures were underway to improve identification procedures by creating a multidisciplinary team, called the Child Study Team which included an educational diagnostician, psychologist, and social worker. The foundation was in place when P.L. 94-142 was passed. In 1976-77 a total of 10,574 exceptional students received special services (duplicated). The total number of handicapped children receiving services now totals 15,860, with a duplicated count of 18,355. All indications are that children who are handicapped are being "found" prior to coming to school or early in their school experience.

After a peak enrollment of 1821 students in 1977-78, this program has declined each year until this school year, when a slight increase is noted. The increase parallels enrollment increases in early grades throughout the district. All educable mentally handicapped students are served in special classes in regular schools throughout the district.

Like many other urban school districts, the percentage of black students in the EMH program is significantly higher than the percentage in the general population. Investigation by the Office of Civil Rights as a result of a 1979 complaint indicated that evaluation procedures and application of evaluation results to eligibility criteria were appropriately addressed. However, concern for this problem has prompted the district to evaluate the identification of students for this program. As a result of strengthening nondiscriminatory testing practices combined with reforms in school practices for intervening in the educational program of children referred for possible EMH placement, prior to referral the percentage of black children in the EMH program has been reduced from 73 percent in 1982-83 to 67 percent in 1985-86. With a total black school population of just over 35 percent, this figure remains uncomfortably high.

The Trainable Mentally Handicapped student population has been reduced from 469 ten years ago to 365 at present. Some population increase was experienced with the deinstitutionalization of students formerly placed in state-operated institution for the mentally retarded. Jacksonville is a regional site for "Cluster" homes where children and adults who are moderately to profoundly mentally handicapped reside. Although a handful of secondary students residing there were placed in our trainable program, the majority live at home.

Factors affecting a population decrease were clearly more influential. Although we cannot identify causal relationships, analysis of grade level enrollment in this program indicates that early intervention and differential diagnosis have pushed more students into the mildly handicapped range of classification.

Ten years ago children identified as trainable were all educated in separate center facilities. Three years ago the district began moving elementary students to regular elementary schools. Students in Grades K-4 are housed in two different regular school buildings within special classes. Attempts to move all elementary age students out of special centers into regular schools has been stalled as a result of increased enrollment in the elementary grades.

Ten years ago, trainable children were not expected to learn much in the way of functional literacy skills or to prepare for work in the mainstream. Advances in expectations for these children has brought about significant changes in the academic instructional program and in vocational preparation. The attitude of potentail employers remains a continuing challenge. As success stories mount, however, these attitudes are slowly changing.

The Physically Handicapped definition included "young parents" prior to the 1982-83 school year. As a result, the number of students identified for this program appears to take an abrupt drop. The fact is that the physically handicapped program has been increasing steadily during the past decade. Not only the numbers of students, but the complexity and severity of the disability appear to be increasing. As medical science saves babies at birth and childhood accident victims, increasing numbers of children are in need of specialized educational and medical support services to benefit from education. Finding adequate numbers of staff qualified to meet the needs of children with physical disabilities, particularly occupational therapy and physical therapy is a continuing problem.

Through a combination of district employed therapists and contracted services, this district has met minimum therapy needs during the past two years. There have been leaner years, however, when no amount of money will attract the qualified therapist needed. Continuing shortages of physical and occupational therapists may be expected in the future given the number entering training each year and increased demand from school districts, hospitals, rehabilitation programs, nursing homes, and home health agencies.

Speech, Language, and Hearing programs are divided for funding purposes into part-time and full-time programs. Students in need of less than twelve hours or less per week in this program are considered part-time. The number of students receiving speech, language, and/or hearing therapy on a part-time basis has more than doubled during the past ten years. Nearly half of the students in the speech and language program are also identified for other exceptional student programs. Early identification of speech and language problems and secondary program development appear to account for the dramatic increase in students eligible for this program.

The full-time classification of "severely language impaired" was added by the district four years ago with funding allocation by the Florida Education Finance Program two years later. This new program serves three to eight-year-olds with severe language disabilities which

cannot be explained by any other identifiable disability. In the four years this program has been in operation, many children have been successfully graduated into regular class in the primary grades. Ten years ago these children would have been labelled EMH, with permanent effects on their lives.

Hearing impaired programs have experienced a gradual decline over the past ten years. Since enrollment figures in Table 1 include a combination of speech, language, and hearing populations, the trend in incidence of hearing impairments is hidden. This year there are 112 full-time and 33 part-time hearing impaired students enrolled. Graduation of the "Rubella" babies born in the sixties and the proximity to Jacksonville of the Florida School for the Deaf and the Blind has affected enrollment.

The hearing impaired programs offer to children and their families the option of education programs emphasizing oral-aural communication as well as total communication systems. Students may be served in a full-time special education class, a regular class with interpreters or regular class instruction with consultant assistance, depending on their need. The addition of interpreters for general class instruction in academics and vocational education and intinerant consulting teachers have been added during the last few years. This program is a multicounty service unit, drawing children from four surrounding Florida school districts as well as one south Georgia county.

Visually Impaired students are the lowest incidence program in the district. Like hearing, this is a multidistrict program serving students from three surrounding school districts. Visually handicapped children spend a larger amount of time in special education programs in the early years of school, learning the unique skills required for success in school, and functioning independently at home and in the community. By sixth grade, at the latest, all of our visually impaired students are in the "part-time" program, with academic courses generally taken in regular programs.

With the close cooperation of the Division of Blind Services and teachers and support staff in the district, children in this program are among the most successfully mainstreamed. Technological advances in supporting learning for visually impaired students has been most dramatic in this instructional program. Making appropriate purchases of dazzling new gadgets is a challenge presented to administrators as the technology changes so quickly, and knowledge of results so limited.

The primary problem faced in implementing the program for visually impaired students, is keeping staff positions filled. Specialization in mobility and orientation is especially difficult to find.

The Emotionally Handicapped program is divided for funding purposes into part-time and full-time programs. Students requiring twelve hours or less are considered part-time. Twelve hours requires full-time placement classification, although students may still be mainstreamed for a part of the day. In 1976, the EH program represented less than 1 percent of the total school population. In 1981-82, a total of 3339 students were in membership representing 3.3 percent of the total student population. Because the number of students enrolled in this program was increasing so dramatically, the district reviewed evaluation practices, intervention requirements in general education prior to referral for evaluation and causal factors for the increases.

Reforms in identification of students labelled emotionally handicapped has resulted in a reduction of incidence from 3.3 percent to 2.6 percent. The district will continue to refine the identification process and assist general education teachers to expand their repertoire of learning strategies and classroom management skills.

During the late seventies, the school district implemented a program of competency testing and minimum performance requirements which specified an achievement level for students to move from one grade to the next. This educational reform has benefited large numbers of students. It also created a need for general educators to find a place for children who were slow learners or behavior problems and were not meeting promotion standards as a result.

The criteria for eligibility for "emotionally handicapped" leaves a great deal of room for interpretation by evaluators. With pressure from school-based staff, the Child Study Team, in an attempt to help the failing child, found enough emotional indicators to approve program eligibility. While students with emotional problems need supportive services, this director seriously doubts that large numbers of students labelled as emotionally handicapped really need to be instructed in "EH Math."

Socially Maladjusted programs were eliminated from the exceptional student education program in 1978-79. Students in detention and half-way houses with delinquency records were included in this program. When this program was eliminated, an alternative education program for unsuccessful and disruptive students was initiated. The alternative education program is a part of the basic program.

The Specific Learning Disabilities program has been a growth program, serving 1.8 percent of the total school population in 1976 and 3.9 percent of the present school population. During the past two years, there has been a significant increase in both the numbers of students identified and the percentage of time spent in the program. There are many more students with learning problems referred who are not found eligible for the program. Parents and teachers both push for SLD classification with students whose learning problems are less severe than the criteria provides. Yet they are failing in the basic academic programs.

Like the EH program, the SLD program provides for part-time and full-time program classifications and has become a desirable alternative to basic education failure. This director has serious questions regarding the value of special education classification for increasingly higher numbers of academically troubled children in regular classrooms.

A major policy issue of concern for parents of learning disabled children facing secondary programs is their accessibility to general education program course offerings with adapted methodology and learning strategies. This district has worked hard to raise the standard of expectancy for all students. How much modification in instructional strategies and testing can be tolerated without reducing these newly established academic standards? How can quality instruction be assured in instructional programs when teachers are certified in SLD but not the subject area taught? These are questions school administrators and parents of learning disabled children are facing. They are not always in agreement on the answers.

Gifted students are included as a part of the exceptional student education program in Florida with all the safeguards and procedures provided handicapped children. In 1976, the incidence of gifted children being served in this school district was 0.90 percent of the total school population. The highest incidence since the program began occurred in 1983-84 and 1984-85 when 2.8 percent of the school-aged population was in special classes for gifted children. In Florida, gifted programs are limited to the student who has "...superior intellectual development and is capable of high performance. The mental development of a gifted student is two standard deviations or more above the mean." (Florida State Board of Education Rule 6A.6.3019 F.A.C.)

By guidelines in the Florida Education Finance Program, the gifted program provides for twelve hours or less per week in gifted classes at the higher funding weight. In elementary schools, programs were established to pull the student from

the regular class one day each week for placement in a gifted center. Schools are clustered to provide for grade-level grouping in the gifted class. In junior high schools (Grades 7-9) students are grouped together for one or more subjects taught by a teacher of the gifted or by the teacher of the subject area of the course, who may or may not have background in "gifted education."

The senior high school gifted student is counseled to take advanced and advanced placement courses to meet their individual needs. A successful mentorship program was established for senior high school students to follow their area of interest through an elective credit of one semester or more. Students who qualified were matched with a community member in business or a profession or a university faculty member to pursue advanced practical study. Projects resulting from this program won national and international science awards, produced published works and developed original works of art. It is ironical that the program lost momentum when elective credit programs were reduced significantly in the wake of the Florida Legislature's effforts to raise standards of academic excellence by increasing the number of required academic credits for graduation.

The program for gifted students is in a state of transition in this district and others in Florida. In many respects, our program, with emphasis on problem-solving skills, is not at the center of the "excellence movement." Many questions are arising as to the place of gifted education in the total school program. Eligibility criteria, evaluation procedures, program objectives and design all need to be evaluated in the context of "special education."

The Homebound and Hospitalized program is a delivery system rather than a program, by design. Students are eligible for the program if a physician certifies that they will be out of school for fifteen days or more. The goal of this program is to provide the bridge needed for the student to continue in their school program when they are medically able. Occasionally a student will complete their entire educational program as a homebound student due to their medical condition.

Full-time teachers (currently 24) are employed in the homebound/hospitalized program with a variety of certifications and teaching experiences. Additional part-time teachers are involved when an area of specialization cannot be taught by the staff teachers. Teachers serve all hospitals in the county, teaching not only Duval County students, but any child hospitalized here who resides in another community.

This district pioneered the teleclass system in Florida, using telephone consoles to teach a subject to several students at one time. Combined with home visits, this method has improved the quality of specialized instruction for the student who is not well enough to attend school, but can continue instruction at home or in the hospital. Recently issues involving services to drug and alcohol rehabilitation programs and psychiatric hospitals have affected large districts in Florida where such residential programs are rapidly spreading. The State Department of Education has defined homebound and hospitalized instruction to include only one-to-one instruction or group teleclass instruction. Since these residential programs result in grouping for instruction when appropriate to the course and grade level, some districts have come into conflict with the DOE interpretation of the rule. Because of the student turn over in these programs, quality instructional programs using any other instructional delivery system would be difficult to maintain in the opinion of many local district directors.

The Profoundly Handicapped program includes the classifications of profoundly mentally handicapped, deaf-blind, autistic, and severely emotionally disturbed. While the cost factor as established in the Florida Educational Finance Program is the same, the program design, facilities, and medical support needs can be, and usually are, very different.

Profoundly Mentally Handicapped students are served in special centers with specialized staff and medical support personnel. Students identified for this program were almost exclusively served in institutional settings ten years ago, if they survived. The majority of our students live at home, although some reside in cluster home facilities as described above under the trainable. Defining the meaning of "education" for the profoundly mentally handicapped has been a difficult issue for school boards, superintendents, general and special educators.

In 1976, the program for profoundly mentally handicapped began officially as a program classification available to all identified students. Prior to 1976-77, children classified at a functional level below trainable may have been served in the trainable center if there was room and if adequate staff were available.

If qualified personnel or space were not available, letters were sent to parents informing them that they would need to keep their child at home since the school district was unable to place their child. District staff assisted parents in contacting Developmental Disabilities of Health and Rehabilitative Services (HRS) for residential placement. This was a legally appropriate action prior to 1976.

This district responded to the mandate to serve all profoundly mentally handicapped by renovating a building in the geographic center of the city as a specialized center. The center served children from all surrounding school districts through multidistrict programs. The incidence of students from surrounding districts has increased sufficiently that most have initiated their own programs.

Expectations of students functioning as profoundly mentally handicapped have not yet reached a stable level. A competency-based, task-specific curriculum was written by teachers, district staff, and university consultants together. The quality of life of children and their families has changed significantly over the past ten years as a result of this program.

Supportive services for families have not kept pace with the school program, however. Respite care services, for example, were available through Health and Rehabilitative Services (HRS) prior to 1978. State funding shortfalls have resulted in cuts to HRS, thus affecting support programs. At the same time, deinstitutionalization has shifted full-care responsibility back to the home.

Deaf-Blind students must meet the eligibility criteria as both hearing impaired and visually impaired. Since the functioning level may range from severely developmentally disabled to gifted, program placement varies entirely on the currently demonstrated functioning of the student. This district has seldom identified a deaf-blind student during the past ten years.

The Autistic program continues to provide both a diagnostic and placement challenge. Autistic children have been served in the center for profoundly handicapaped or the trainable center, depending on their functioning level. This past school year, two elementary autistic classes were placed in regular elementary schools.

The program for **Severely Emotionally Disturbed** has been at the center of a statewide effort to develop a multiagency network to include all 67 school districts and all 11 Health and Rehabilitative Services districts. The seven school districts in the HRS District in northeastern Florida were among the first regional projects funded by the State of Florida three years ago.

The Severely Emotionally Disturbed Network of HRS District IV has developed joint criteria, evaluation procedures, placement procedures and cost sharing policies to identify and place severely emotionally disturbed students. Jointly funded day treatment and residential treatment programs have been developed and expanded as a result of multiagency

efforts. More students are able to remain within the district for mental health treatment and appropriate educational programs, as a result.

The Preschool Handicapped program began prior to the passage of P.L. 94-142. For deaf and blind babies programs are provided as soon after birth as they can be identified. Our youngest was four days old. From birth through age two, teachers work with parents at home. Plans to initiate a similar home instruction program for severely and profoundly handicapped are underway for the next school year. Physically impaired, visually impaired, hearing impaired, severely language impaired children and severely emotionally disturbed children are also served beginning at age three.

"Developmental" classes for mildly handicapped or children with developmental delays ages three to five were offered on a limited basis prior to 1977. Classification of students in the preschool program as EMH, EH, and SLD evolved, apparently as a result of state funding reforms rather than professional wisdom.

Although Florida has not yet mandated preschool programs for all handicapped children, pressure is increasing from parents and professionals to do so. Many school districts are resisting mandated programs for children from three to five primarily due to the heavy growth demands on elementary programs due to increased birth rates and total population growth throughout the state. The press of capital outlay funding for educational facilities is staggering without adding new programs. The shortage of teachers qualified to serve increasing numbers of young children is also of concern.

Duval County originated a multiagency commission for preschool education in 1985. The commission has operated for the past two years to facilitate communication among public and private agencies serving preschool aged special needs children. Agencies like Cerebral Palsy and the Duval Association for Retarded Citizens, Children's Medical Services of HRS, university training personnel in early childhood and special education programs have joined together to improve communications and training programs. A total of 18 agencies are now involved.

Our goal is to develop educational and support service options in agency settings as well as school settings. The State Department of Education is encouraging similar multiagency efforts throughout the state. Three model projects have been funded in a small, middle-sized and large districts in the state.

MULTIDISCIPLINARY EVALUATION

The number of children served in district ESE programs has nearly doubled during the past ten years. In addition to addressing the heavy referral rate created by state and federal mandates to educate the handicapped, major educationl policy reforms have caused general education to increasingly demand services from special education.

Ten years ago, this district began a revolution in the identification of handicapped and gifted children. As with most revolutions, there was dissension among the ranks. Educational diagnosticians, social workers, psychologists, and counselors did not agree on who should take the lead in establishing eligibility. Backlogs in children to be evaluated reportedly exceeded 1600 with referral to placement taking more than a full year for some programs during the late seventies.

The efforts to establish streamlined procedures for identification required effective team work. The district reorganized in 1978, removing Exceptional Student Education from the Division of Curriculum and Instruction to the Educational Services Division, placing Student Services (psychologists, social workers, and counselors) and ESE sections together under the same Assistant Superintendent. Under new leadership, communication gradually improved and the process for removing referral backlogs began.

A systematic plan was needed to remove the evaluation backlog and streamline the identification process created by both the numbers of referrals and the state and federal structure for procedural safeguards in identification, evaluation, and placement of handicapped students. The complexity of this task was compounded by the size of the district. Developing and implementing standardized procedures across 144 schools requires a well organized management plan and a lot of good luck. Major changes implemented over the decade include:

- Creation of effective multidisciplinary team decision making at the school level including the principal, counselors, teachers at the school, and psychologists, social workers and ESE admissions specialists from the district level. Through team building efforts over several years, the Child Study Team functions harmoniously and efficiently throughout the system.

- Scheduling of Child Study Teams to serve each school on a master schedule with regular visits to schools by the district level Child Study Team members. The schedule included timelines for initiating referrals, standardized documentation and observation requirements

clearly describing how the school had worked to solve the child's problems using resources available in the schools.

- Establishing a two-step process in referring the child to the Child Study Team for evaluation or reevaluation. The screening meeting reviews extant evaluation data, parent conference results, observations, interventions regarding the behavior of the child. The staffing meeting follows individual, multidisciplinary evaluation which was deemed appropriate at the screening meeting. At the staffing meeting, eligibility was recommended or not. Parents are invited to attend both meetings.

- Development of a student management information system to track students from initial referral through placement and reevaluation. Budget and personnel projection data derived from this data base have significantly improved our ability to manage ESE programs.

- Establishing temporary placement procedures for students moving into the district avoided unnecessary delays in continuing ESE placement of students new to the district.

- Timelines from initial referral (screening) to placement improved to an average of 30.7 working days.

- In spite of continuing efforts in training staff at the district level and school level, problems with understanding what is behind the paperwork requirement to complete "the packet" describing the results of conferences, interventions, and observations as schools work with academic or behavioral problems with a child. A recent survey of school personnel regarding the effectiveness of the identification process revealed this perspective at one school. "It would work much faster if we didn't have to go through all those interventions." Although such attitudes are changing, there remains work to be done.

- Establishment of a statewide network for child find and learning resources was implemented. The Florida Diagnostic and Learning Resources is administered by Duval County to serve two adjacent school districts as well as our own. Community awareness activities, child find, indepth diagnostic evaluations for children not in school, inservice for ESE teachers, parent education are just a few of the resources available through FDLRS. The project is funded across the state by the state's share of P.L. 94-142 dollars.

ADMINISTRATION OF SPECIAL EDUCATION

Focus on compliance with state and federal guidelines to identify, evaluate, place, secure personnel, write IEP's has caused large district administrators to attend first to policy and procedures designed to stay in compliance with audit requirements and establish processes to document everything which may be an issue for litigation. The combination of state and federal grant requirements, state cost accounting requirements, changing policy requiring local school board action generally more frequently than annually have changed the competencies required for special education program administrators. Indepth knowledge of law, finance, and organizational systems are more significant than program knowledge, methodology, curriculum.

Program development has focused on procedures to avoid litigation, assure compliance rather than instructional improvement. Although we have made progress in defining instructional program objectives, expanding program options, and developing curriculum; this effort has not had the same level of attention as the "procedural" issues. With persistence, the focus is turning more to instructional quality.

DISCIPLINE OF HANDICAPPED CHILDREN

During the past five years, districts in Florida have been influenced by a court decision issued by the United States Court of Appeals, Fifth Circuit in S-1 versus Turlington, dealing with the expulsion of handicapped students. As a result of these rule revisions, school districts were required to develop written policies and procedures regarding the discipline of handicapped children.

As an urban community Duval County has its share of serious discipline problems. A strict code of student conduct had been in effect which included expulsion for serious violations (assaults, weapons, drugs). To implement the new State Board of Education Rule governing discipline of the handicapped, the district took the following action:

- Developed procedures for schools to follow, emphasizing behavior management plans intended to prevent students from serious code of conduct offenses.

- Developed more programming options for students with needs for highly structured, supported school environment.

- Added a district staff unit of special educators, social workers, and psychologists to intervene with

school personnel, students, and parents when serious discipline problems occurred.

- The addition of mental health support services under contract with a local mental health agency to provide therapeutic support for students in conflict with their school environment which significantly affected their learning and the learning of other students.

AVAILABILITY OF QUALIFIED STAFF

Throughout the decade, the availability of qualified staff has been and continues to be a problem. With anticipated program growth in general and special education, predictions are that this problem will grow worse in this part of the country. Teaching staff in specialized areas like vision or profoundly handicapped, teachers with training in both ESE and secondary academic or vocational training are scarce. Specialized related service personnel with knowledge of ESE students are nearly always vacant including counselors, psychologists, social workers, physical therapists, occupational therapists, and speech therapists.

ATTITUDES

Probably the most significant change during the past ten years is in ATTITUDE. The behavior of students and administrators increasingly demonstrates an attitude that these are "our" children, not "your" children. Parents and advocates are beginning to trust us again and can work with us to find solutions to difficult problems. The adversarial role created with P.L.94-142 seems to be mellowing with an emphasis on mediation rather than due process hearing.

A former principal of a large secondary school serving students with severe physical, vision, and hearing handicaps illustrated this attitude change when he said, "We took those children in several years ago because we had a new accessible building. We thought we were being altruistic and doing these poor children a big favor. What we didn't know is that they would teach us much more than we could ever teach them - about what it is to be a human being. I wouldn't trade my experience with special needs kids for anything."

PROBLEMS AFFECTING THE STATE OF PRACTICE

Discussion of changes during the past ten years focused on many issues which also currently affect the practice of special education presently. A summary of current issues this district has identified for planned program improvement include:

- Identification and placement procedures designed to improve the quality of the placement decision-making process as an important factor in assuring education in the least restrictive environment.

- Consistency from school to school in the application of eligibility criteria especially with the learning disabled and the emotionally handicapped.

- Need to strengthen the capacity of regular education to address learning and behavior problems.

- Access research available to school districts regarding the benefits of technology to improve instructional programs for ESE students.

- Accessibility for increasing numbers of handicapped students to vocational evaluation, training programs, and supportive work program to ensure <u>real</u> access to jobs.

- Continuation of multiagency efforts to expand services for the severely emotionally disturbed, preschool-aged children and transitional students preparing to leave school.

- Provision of appropriate services to handicapped children entering the juvenile justice system.

- Enhanced research opportunities to learn how to provide for the needs of students who are the medical survivors of accidents and severe illnesses. Trauma victims need unique approaches to education and rehabilitation.

- Defining instructional groupings of children based on functioning level rather than classification of handicap.

- Interpretation of least restrictive alternative within the context of the child's entire educational program. For blind and deaf children, early restrictive programming allows children opportunities for success in learning how to learn, enhancing their opportunities for success in the regular program in later years. For some developmentally disabled children, early placement in a less restrictive environment can open opportunities for language acquisition and modeling of social behaviors with more restrictive placement in later years for specialized vocational skill development. This may be a more successful path toward independence.

Decisions for the application of least restrictive environment need to remain close to the child. The processes are in place to assure problem solving for the benefit of each child, if they are allowed to work.

PROBLEMS ANTICIPATED TO AFFECT FUTURE PRACTICES

In A Nation at Risk: The Imperative for Educational Reform, the President's Commission on Excellence in Education said:

> "We define 'excellence' to mean several related things. At the level of the individual learner, it means performing on the boundary of individual ability in ways that test and push back personal limits, in school and in the workplace. Excellence characterizes a school or college that sets high expectations and goals for all learners, then tries in every way possible to help students reach them."

Defining the problems affecting future practices is simple. Will the handicapped and the gifted student have the same access to "test and push back personal limits" as any child? Will the schools of the nation set "high expectations and goals for all learners," including the exceptional? Defining the solutions is something else.